

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN404AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2008
NAME OF PROVIDER OR SUPPLIER THE GUARDIAN MANOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2722 HARDING WAY RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted in your facility on 8/18/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharge file was reviewed. The following deficiencies were identified:	Y 000		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 8/18/08, the facility was not free of hazards. Findings include: During a tour of the outside of the facility at 11:00AM, a two burner gas stove with metal legs was observed sitting on a wooden stand. The stand was positioned up against a wood deck rail and below wooden rafters. The entire wooden deck structure was connected to the rear of the house. The gas stove was also surrounded on three sides by a combustible laminate material.	Y 175		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 175	Continued From page 1 A frying pan full of an oily liquid material was observed laying on one of the burners. A caregiver reported she had used the gas burner on Saturday (two days ago) to cook herself and a guest a meal. The close proximity of the laminate material to the open gas flame represented a fire hazard. Severity: 2 Scope: 3	Y 175		
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 8/18/08, one area of the facility was not clean. Findings include: During a tour of the facility at 9:00AM, it was observed that the air intake filter located over the mirror at the beginning of the hallway was thickly coated with dust. Severity: 1 Scope: 3	Y 177		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	<p>Continued From page 2</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/18/08, the facility did not administer medications to 5 of 6 residents as prescribed.</p> <p>Findings include:</p> <p>Resident #1 - The resident's August 2008 MAR was reviewed. The MAR indicated the resident was to receive Hydrocodone APAP 5/500mg three times a day as needed (PRN) pain. The medication bottle indicated the medication was to be administer three times daily; not PRN. There was no order to verify the correct dosage instructions.</p> <p>Resident #2 - The resident's August 2008 medication administration record was reviewed. The MAR revealed the resident was receiving Vitamin D - 800 units daily. The medication bottle contained Vitamin D tablets with 400 units. The caregiver reported she gave the resident two tablets daily. A hospital discharge instruction dated 6/11/08 indicated the resident was to</p>	Y 878			

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Y 878	<p>Continued From page 3</p> <p>receive Vitamin D - 400 units daily. Since 6/11/08, the resident had been receiving twice the prescribed dose of the medication.</p> <p>Resident #3 - The resident's August 2008 medication administration record was reviewed. The MAR revealed the resident was receiving Hydrocodone APAP 5/500mg every morning. The medication bottle indicated the medication was to be taken every three hours as needed. There was no order to confirm the dosage instructions and a caregiver reported it was missing because the administrator had taken the order to the pharmacy without copying it.</p> <p>The resident's MAR was reviewed further. The MAR indicated the resident was receiving Carbidopa/Levodopa 25/100mg half tablet twice daily. The bottle indicated a full tablet was to be administered twice daily. A 7/23/08 physician's order indicated one full tablet was to be administered once daily. Since 7/23/08, the resident was not receiving the prescribed dose.</p> <p>The resident's MAR also indicated the resident was receiving Warfarin 5mg twice daily to be alternated with 2.5mg tablets twice daily. The bottle indicated the resident was to receive 5mg daily. There was no order to confirm the dosage instructions.</p> <p>Resident #4 - The resident's August 2008 medication administration record was reviewed. The MAR revealed the resident was receiving Vicodin 5/500mg once daily as needed for pain. The blisterpack indicated the medication inside was 7.5/750mg to be administered every four to six hours as needed for pain. There was no order to confirm the dosage instructions.</p>	Y 878			

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Y 878	Continued From page 4 Resident #5 - The resident's medications were reviewed. Her basket contained a bottle of Warfarin 1mg tablets with instructions on the label to administer one tablet each afternoon. The caregiver reported she administered one tablet daily. The medication was not listed on the MAR nor was there an order present to verify if the medication was to be administered. Severity: 2 Scope: 3	Y 878			
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 8/18/08, the facility did not ensure the medication administration record (MAR) was accurate for 2 of 6 residents. Findings include: Resident #2 - The resident's August 2008 medication administration record (MAR) was reviewed. The MAR indicated the resident was	Y 898			

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Y 898	Continued From page 5 receiving Digitek 0.25mg every evening. The medication blisterpack indicated the medication inside the pack was 0.125mg. A hospital discharge instruction dated 6/11/08 confirmed the correct dosage was 0.125mg. The MAR did not reflect the current order for the medication. Resident #3 - The resident's August 2008 medication administration record (MAR) was reviewed. The MAR indicated the resident was receiving Lorazepam 0.5mg once daily as needed for anxiety. The bottle indicated the resident was to receive one tablet daily at bedtime. A physician's order dated 8/3/07 indicated the resident was to receive one tablet twice daily as needed for anxiety. The MAR did not reflect the current order for the medication. Severity: 1 Scope: 2	Y 898		
YA101 SS=F	449.200(1)(a-f)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	YA101		

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YA101	<p>Continued From page 7</p> <p>information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.</p> <p>Based on record review and interview on 8/18/08, the facility did not ensure 2 of 2 employee files were complete.</p> <p>Findings include:</p> <p>Employee #1 - Hire date was 10/24/07. The employee's file contained a copy of a background check dated 8/12/05 from another facility. This background check exceeded the six month time period established by NRS 449.179(2). The employee will need to undergo another background check investigation.</p> <p>Employee #2 - Hire date was 6/1/07. The employee's file contained evidence the employee tested positive for tuberculosis (TB) in 1993. The file contained a negative chest x-ray report and multiple TB signs and symptoms forms up until July of 2007. The file did not contain a TB signs and symptoms form for July of 2008. Employee #1 reported that Employee #2 was a registered nurse, but Employee #2's file contained an expired nursing license dated 10/6/07. Without a valid nursing license, Employee #2 must complete first aid and medication training. In addition, Employee #2's file contained an expired cardiopulmonary resuscitation card dated 8/16/08.</p>	YA101		

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YA101	Continued From page 8 Severity: 2 Scope: 3	YA101		
YA930 SS=A	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the	YA930		

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YA930	<p>Continued From page 9</p> <p>resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/18/08, the facility did not retain a resident file in the facility for the required five year timeframe.</p> <p>Findings include:</p> <p>Resident #6 - This resident was identified by the caregiver as the last resident who had been discharged. His file was requested for review. The caregiver reported the owner had the file at another location. The caregiver further stated the resident was admitted in January or February of 2008 and only stayed three days in the facility. Without a file to review, it was unknown whether the required file information was present in the resident's file.</p>	YA930		

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YA930	Continued From page 10 Severity: 1 Scope: 1		YA930		

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